

PART B—ISSUE FEE TRANSMITTAL

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1. CORRESPONDENCE ADDRESS

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2. INVENTOR(S) ADDRESS CHANGE (Complete only if there is a change)

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☐ Check if additional changes are enclosed

APPLICATION NO.

08/286,413

FILING DATE

08/05/94

TOTAL CLAIMS

016

EXAMINER AND GROUP ART UNIT

GIBSON, R

DATE MAILED

2112 02/13/97

First Named

Applicant

MORRIS,

SHARON L.

TITLE OF
INVENTION: AUTOMATIC SURGICAL SPONGE COUNTER AND BLOOD LOSS DETERMINATION SYSTEM

UTILITY'S DOCKET NO.

A94087US

CLASS-SUBCLASS

177-025.130

BATCH NO.

J51

APPLN. TYPE

UTILITY

SMALL ENTITY

YES

FEE DUE

\$645.00

DATE DUE

05/13/97

3. Correspondence address change (Complete only if there is a change)

4. For printing on the patent front

page, list the names of not more than 3 registered patent attorneys or agents OR, alternatively, the name of a firm having as a member a registered attorney or agent. If no name is listed, no name will be printed.

1 Pravel, Hewitt,

2 Kimball & Krieger

3

5. ASSIGNMENT DATA TO BE PRINTED ON THE PATENT (print or type)

(1) NAME OF ASSIGNEE:

Surgical Resources, L.L.C.

(2) ADDRESS: (CITY & STATE OR COUNTRY)

Covington, LA

6a. The following fees are enclosed:

☒ Issue Fee ☒ Advance Order - # of Copies 10

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The COMMISSIONER OF PATENTS AND TRADEMARKS is requested to apply the Issue Fee to the application identified above.

(Authorized Signature)

(Date)

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A. ☐ This application is NOT assigned.

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